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16138 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL  (for nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	TLAB.100292
	Express Mail No.	EL 892405955 US

TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  Inventor(s): James Hunter Boone; David Maxwell Lyerly; and Tracy Dale Wilkins  Title: <b>INFLAMMATORY BOWEL DISEASE AND          IRRITABLE BOWEL SYNDROME IBD-FIRST          CHEK DIAGNOSTIC PANEL</b>	PLEASE ASSOCIATE APPLICATION WITH  <b>CUSTOMER NO. 05251</b>
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03917 U.S. PTO  
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Enclosed are:

<input type="checkbox"/>	Non-Publication Request Under 35 U.S.C. § 122(b)(2)(B)(i)
55	pages of specification including abstract
2	sheet(s) of drawings
<input type="checkbox"/>	an assignment of the invention to:
<input checked="" type="checkbox"/>	Declaration of Inventor(s): <b>Unexecuted</b> <input type="checkbox"/> Newly executed <input type="checkbox"/> Copied from a prior application (for contin/div)
<input type="checkbox"/>	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
<input checked="" type="checkbox"/>	small entity status is claimed.
<input checked="" type="checkbox"/>	small entity status was requested in prior application; status still proper and desired.
<input checked="" type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No. 60/421,395, filed October 25, 2002

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application no.
Prior application information:		Examiner:	Group Art Unit:

CLAIMS AS FILED

		NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE				\$ 770	\$ 770.00
TOTAL CLAIMS		29 - 20 =	9	\$ 18	\$ 162.00
INDEPENDENT CLAIMS		3 - 3 =	0	\$ 84	\$
MULTIPLE DEPENDENT CLAIM PRESENT				\$ 280	\$
* Number extra must be zero or larger			TOTAL		\$ 932.00
	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	\$ 466.00
TOTAL DUE					\$ 466.00

<input checked="" type="checkbox"/>	A check in the amount of \$ 466.00 to cover the filing fee is enclosed.
<input checked="" type="checkbox"/>	Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.
<input type="checkbox"/>	Charge the amount of \$ as filing fee.
<input checked="" type="checkbox"/>	Credit any overpayment.
<input checked="" type="checkbox"/>	Charge any additional filing fees required under 37 CFR 1.16 and 1.17.


10/24/03  
 Signature Date

Name: Jean M. Dickman, Reg. No.: 48,538